

Statement of Organization  
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 1319020

9 / 17 / 09

Date qualified as committee

Date qualified as committee  
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION  
CALIFORNIA FORM 410  
For Official Use Only

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

AUG 04 2011

DEBRA BOWEN  
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Numark for Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY

Redondo Beach

STATE

CA

ZIP CODE

90277

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kinde Durkee

STREET ADDRESS

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

ADDITIONAL ADDRESS

MAILING ADDRESS

CITY

Torrance

STATE

CA

ZIP CODE

90503

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8-3-11

DATE

By

Kinde Durkee

Executed on

7-31-11

DATE

By

Cliff Numark

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT